



Doyle  
Bot-seq

WENMM/SB/21 (12/00)

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/009.004
Filing Date (I.A.)	May 3, 2000
First Named Inventor	Gregory, Richard
Group Art Unit	
Examiner Name	
Attorney Docket Number	7037-405

RECEIVED  
NOV 05 2004

OFFICE OF PETITIONS

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	Sequence Listing
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Request for Refund	Petition for Revival of an Application for Patent Abandoned Unintentionally
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Kenneth A. Gandy Woodard, Emhardt, Moriarty, McNett & Henry
Signature	<i>Kenneth A. Gandy</i>
Date	October 29, 2004

## Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington D.C. 20231 on this date:			
Typed or printed name	Kenneth A. Gandy		
Signature	<i>Kenneth A. Gandy</i>	Date	October 29, 2004

007037-000405.KAG.311454

**FEE TRANSMITTAL  
FOR FY 2002**

Patent fees are subject to annual revision.

NOV 01 2004

**Complete if Known**

Application Number **10/009,004**  
 Filing Date (I.A.) **May 3, 2000**  
 First Named Inventor **Gregory, Richard L.**  
 Group Art Unit  
 Examiner Name  
 Attorney Docket Number **7037-405**

**RECEIVED****NOV 05 2004****OFFICE OF PETITIONS**Total Amount of Payment **(\$ 665.00)****METHOD OF PAYMENT**1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:Deposit  
Account  
Number**23-3030**Deposit  
Account Name**Woodard, Emhardt, Moriarty, McNett &  
Henry**☒ Charge any Additional Fee Required  
Under 37 CFR 1.16 and 1.17☐ Applicant claims small entity status.  
See 37 CFR 1.27.2. ☒ **Payment Enclosed:**☐ Check ☒ Credit Card ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility Filing Fee	
106	330	206	165	Design Filing Fee	
107	510	207	255	Plant Filing Fee	
108	740	208	370	Reissue Filing Fee	
114	160	214	80	Provisional Filing Fee	
<b>SUBTOTAL (1)</b>					<b>(\$)</b>

**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee From Below	Fee Paid
-20** =		X	
Independent Claims -3** =		X	
Multiple Dependent			

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)****(\$)**

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,330	241	665	Petition to revive - unintentional	665.00
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other Fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)****(\$ 665.00)****SUBMITTED BY**

Name (Print/Type)

**Kenneth A. Gandy**Registration No.  
(Attorney/Agent)**33,386**

Telephone

**(317) 634-3456**

Signature

Date

**October 29, 2004**

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.